

**BAYTREE LEASING COMPANY, LLC**

**Jon-Paul Cowen**

**6520 Platt Avenue, #121**

**West Hills, CA 91307**

**Phone: 818-710-8621**

**Fax: 818-703-0564**

**LEASE CREDIT APPLICATION**

**CUSTOMER** \_\_\_\_\_

**SUPPLIER** True Data Technology

**Billing Address** \_\_\_\_\_

**Address** 5661 Palmer Way, Suite F, Carlsbad, CA. 92010

(City) (State) (Zip)

(City) (State) (Zip)

**Phone No.** ( ) \_\_\_\_\_

**Phone No.** (760) 710-9000

**Fax No.** ( ) \_\_\_\_\_

**Fax No.** (760) 710-9019

**Contact** \_\_\_\_\_

**Contact** Brett Palenscar (760) 710-9012

**Equipment Location (if other than billing address above):**

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EQUIPMENT INFORMATION**

**LEASE STRUCTURE**

Qty.	Equipment Description	Model No.	Cost	Term	Payment	Lease Type

**BUSINESS STRUCTURE**

**FED ID No.** \_\_\_\_\_ **Date business established /Years current ownership** \_\_\_\_\_ **State Registered** \_\_\_\_\_

**Not for Profit** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Proprietorship** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Other** \_\_\_\_\_

**OFFICERS/PRINCIPALS – We do require 100% ownership listed. If there are more than (2) officers/principals, please attach additional sheet with the following information. If located in a Community Property State (AZ,CA,ID,LA,NV,NM, TX,WA,WI) please indicate marital status. Are the principal owners U.S. Citizens? [ ] Yes { } No**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc Sec No.** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, State & Zip** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc Sec No.** \_\_\_\_\_ **% Ownership** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, State & Zip** \_\_\_\_\_

**FINANCIAL REFERENCES**

**Bank Name** \_\_\_\_\_ **Branch City/State** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **Checking A/N** \_\_\_\_\_

**TRADE SUPPLIER REFERENCES - PLEASE INCLUDE (1) LEASING/LOAN REFERENCE**

**Company Name** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **A/N if available** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **A/N if available** \_\_\_\_\_

**RELEASE**

**To Whom This May Concern:**  
This will be your authority and my request for you to release any information concerning personal or company credit standing. I hereby authorize any photo copies of this release.

**CUSTOMER NAME** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_